

Attorney Docket Number  
4740-009/P12786

# Declaration and Power of Attorney for Patent Application

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **RPC CHANNEL POWER CONTROL IN A HDR NETWORK**, the specification of which

☒ is attached hereto.

(Check one)

☐ was filed on \_\_\_\_\_ as  
Application Serial Number \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me which is material to patentability (as defined in C.F.R. §1.56) in connection with the examination of this application.

I hereby claim foreign benefits under Title 35, United States Code, §119 of any foreign application(s) or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) or U.S. Provisional Application(s)			<u>Priority Claimed</u>	
<u>60/295,493</u> (Number)	<u>U.S. (Provisional)</u> (Country)	<u>4 June 2001</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

NONE

(Application Serial No.)

(Filing Date)

(Status: Patented/Pending/Abandoned)

(Application Serial No.)

(Filing Date)

(Status: Patented/Pending/Abandoned)

**Power of Attorney:** As a named inventor, I hereby appoint the following agents/attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

David G. Mathews  
Reg. No. 33,959

Dang Vo  
Reg. No. 45,183

And I also hereby appoint the Attorneys and Patent Agents of **Coats & Bennett, P.L.L.C.**, as identified by **Customer Number 24112** in the records of the United States Patent and Trademark Office and as updated from time to time, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.



24112

PATENT TRADEMARK OFFICE

Send Correspondence to:

Michael D. Murphy

Direct Calls to:

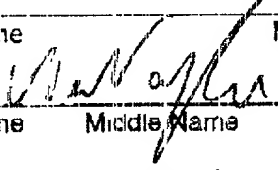
Michael D. Murphy

Attorney Docket Number  
4740-009/P12786**Declaration and Power of Attorney for Patent Application**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SOLE OR FIRST INVENTOR:**

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First Name Middle Name/Initial Last Name

Signature:  Date: 8/23/01  
First Name Middle Name Last Name Year-Month-Day

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